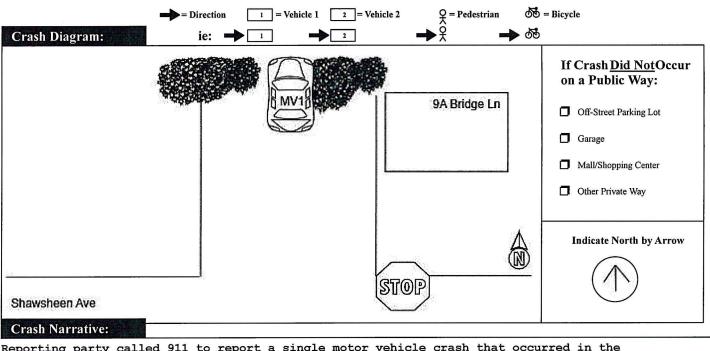
	Police Use Only	Com	nonwealth	of Massacl	husetts	3	RM	V Docur	ment Number	
	Date of Crash Time of Crash	City/Town	<b>Motor Vel</b>	nicle Crash	Number Vehicles		Speed Limit	30	State Police Local Police MBTA Police Campus Police	]
	11/08/2021 1427 Wiln	nington	Police	Report	1	1	Latitude Longitude _		Campus Police Other:	1
	AT INTERSECTI	ON:	< LOCA	ATION >		NOT A	T INTER	SECT	TION:	1
										<b>2</b> 10
	Route# Direction	Name of Roadway/Str	reet	Route# Direction	299 Address #	SALE	Name of	Roadwa	v/Street	
<sup>1</sup> 1	2.55.55.	At							9,000	1
				Feet N S	S E W of	— — — Mile M		or _	Exit Number	L
	Route# Direction Nam	e of Intersecting Roadv Also at Intersection w		Feet N S	S E W of					3 11
					S E W of	Route#	Inters	ecting Ro	oadway/Street	
<sup>2</sup> 1	Route# Direction Nam	e of Intersecting Roady	vay/Street		· · · · · · · · · · · · · · · · · · ·		I.a	ındmark		
	Please Select One Vahielo 1 1	#Occupants Hit/	Run Moped	Crash Repor	-+ ID# <b>2</b> 1	-30	201			1
3	of the Following: —								Sand Francis	4
	License # <b>S80710616</b> St <b>M</b>	A_ DOB/Age 05/0		# <u>981LJ6</u>		1001 0 0			21	<b>1</b> 12
	Sex <b>F</b> Lic. Class D D Lic. R		ndorsement	Year 2015				Veh C	Config. 1	
4	Operator CARBONE, DEBRI	A L First	Middle Own	ner <u>CARBONE</u> ,	DEBRA	A L First		Midd	ile	
<sup>4</sup> 1	Address 33 DEVONSHIRE		Add	ress 33 DEVON	SHIRE	DR				
	City <b>BILLERICA</b> State	MA Zip 01821	5220 City	BILLERICA			ate <b>MA</b> 2	Zip <b>01</b>	821-5220	
	Insurance Company GOVERNMENT	EMPLOYEES	S INSU Vehi	cle Action Prior to Cras	sh <b>1</b>	<b>22</b> D	amaged Area	Code: 2	PROPERTY OF THE PARTY OF THE PA	
-	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Ever	nt Sequence 4 23	23 23	23	est Status:	1	28	1
5	Citation # (If Issued)	_	Mos	t Harmful Event 4	24	- 1	ype of Test: AC Test Resi	ute:	30	
	Viol. 1: Ch/Sec/Sub ————V	/iol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	1 25	25	usp. Alcohol:	_	Susp. Drug: 2 32	<b>4</b> 13
	Viol. 3: Ch/Sec/Sub ————V			er Distracted by	26		owed from so	40	22	H
<sup>6</sup> 1	Please fill out for operation				34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)		Address	DOB/Age Sex	Pos. System	Status Code	Code Status	Code	Medical Facility	1
	Operator	Se	ee Above		1 99	4 0	0 10	1		-
	Please Select One Vehicle 2	#Convents Max		15 . 16	T	17	18		it/Run Moped	1
<sup>7</sup> 1	of the Following: Vehicle 2	Work Non-	-Motorist A Type 2	Action 16	Location 1	Condi	1 1	Чн	it/Run   Wioped	1
		DOB/Ag	Reg	#		Reg Type	e	Reg	State	
	Sex _ Lic. Class 19 19 Lic. R	estrictions Cl	DL Veh	Year	Veh Make_	1989		Veh C		
Q	Operator	First		nerLast		First		Midd	lle	
81	Addres		Add	ress						14
	City State	Zip,	City				ite 2	_		1 "
	Insurance Company		Vehi	cle Action Prior to Cras	sh 6	Market .	amaged Area	Code: 9		
	Vehicle Travel Direction: N S E	Responding to Emerg	gency? Ever	nt Sequence 1 23	23 23	23	est Status:	1	28	1
Q	Citation # (If Issued)	_	Mos	t Harmful Event 1	24		ype of Test: AC Test Resi	ilt:	30	
<sup>9</sup> 2	Viol, 1: Ch/Sec/Sub ————V	/iol. 2: Ch/Sec/Sub —	Driv	er Contributing Code	19 25	25	usp. Alcohol:		Susp. Drug: 2 32	
	Viol. 3: Ch/Sec/Sub —			er Distracted by	26		owed from so		22	
	Please fill out for operator/non				34 35 Seat Safety		38 39 Trap Injury	40 Transp.		1
	Name (Last First Middle)	5	Address	DOB/Age Sex	Pos. System	Status Code	Code Status		Medical Facility	-
	Operator/Non-Motorist	56	ee Above	<del></del>	+		<del>   </del> -	-	 	-
										1
							1		1694	

	= Direction	= Vehicle 1	2 = Vehicle 2	Q = Pedestr	ian 💑 ≡	Bicycle	
Crash Diagram:	ie: 🗪 🔟	_ →□	2	<b>}</b>	→ №		
				*		If Crash Did Non a Public W Off-Street Parkin Garage Mall/Shopping C Other Private Wa	g Lot enter
Crash Narrative:					1		
Vehicle # 1 was Trave	ling straight al	nead bearing	g right to st	ay on Sa	alem Stre	et. Witness	
stated that the juven:	ile cyclist came	off the s	ide walk into	traffic	at the	crosswalk	
without out stopping.	The driver of	the vehicle	e had no time	to read	t except	swerve. The	ı
cycle collided into the	ne right front s	side of the	vehicle and	the juve	nile fel	l off the bik	e
into the road.							
						325-27-240	
							W. 80/461-81-117
Witnesses:							
Name (Last,First,Middle)		Address			Phone #	·	Statement
KARANAS CASEY P		1138 WHIPPLE	RD TEWKSBURY M	fA 01876-3	735		1
Space and Space Section 19 days and the space of the spac	-						
Property Damage:  Owner (Last, First, Middle)	Address		Phone #	41-Type	Description of	Damaged Property	
Owner (Last, First, Wilddie)	Address		I none #	41-1уре	Description of	Damaged 1 Toperty	
Truck and Bus Information	D D			DATE MANAGEMENT			
Truck and Dus Information	Registration #		(From Vehi	cle Section)		, , , [	42
Carrier Name					****	Bus Use	
Address			City		S	t Zip	
US DOT #:	State Number		Issuing State	MC/MX/	ICC #:		
43	44		45				
	y Type Code	GVWR/GCWR				46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trai	ler Length		
Hazmat Information:	40					ī	49
Placard 47 Material 1 digit	# Material Nam	me		_Material 4 dig	it #	Release code	49
979 NOTE TO 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACTION - ARTHMATICAL (C.)			_			4.405.45
Patrol Officer Anthon Police Officer Name (Please Print)	y Fiore Signature			Imington artment			.1/08/2021 ate

	Police Use Only	Comm	onwealth	of Massa	chuse	etts		RM	AV Doc	ument Number	
	Date of Crash   Time of Crash   11/09/2021   1746   Wilr	City/Town mington	Motor Veh		h N		Number Injured	Speed Lim	it 2	State Police Local Police MBTA Police Campus Police	
	24HR	in this con	Police	Report	1	2	2	Lantude_ Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		N	IOT A	r intei	RSEC	TION:	
	Route# Direction	Name of Roadway/Stree	et	Route# Direction	9 on Addi	ess#	BRID	OGE LI		way/Street	2 10
<sup>1</sup> 3	TO SERVICE	At		Branches No Stephenson							-
	Route# Direction Nam	ne of Intersecting Roadway			S   E   W		Mile Ma	— • — arker	– or .	Exit Number	1 11
2	Route# Direction Nan	Also at Intersection with			S E W	R	Coute#	Inter	secting	Roadway/Street	
<sup>2</sup> 1	Route# Direction Ivan	ne of intersecting Roadway	y/Sireet			_		I	andmar	k	1
3	of the Following:	#Occupants Hit/Ru						3-A			
	10 10	DOB/Age	_	# <u>LV88336</u>						21	7 12
	Sex M Lic. Class D 19 19 Lic. R Operator MILES, DAVID	Restrictions 1 CDI End	orsement	Year <b>2014</b> er <b>BALCHEN</b>						n Config. 1	<u> </u>
<sup>4</sup> 2	Address 5 EDWARD ST	First	Middle	ess 44 CAVI	it		First		М	iiddle	
_	City MEDFORD State	MA Zin 02155-		SALEM				te <b>MA</b>	Zin <b>0</b>	1970-6853	
	Insurance Company PILGRIM IN			cle Action Prior to C	rash	1 22	7	amaged Are		Desired Francis Control	
	Vehicle Travel Direction: S E W			t Sequence 10 <sup>23</sup>		23 2		est Status:		1 28	
1	Citation # (If Issued) <b>T2446375</b>	Responding to Emerger			LO <sup>24</sup>		Ty	pe of Test:		29	
	Viol. 1: Ch/Sec/Sub 90 24	— Viol. 2: Ch/Sec/Sub <u>90</u>		er Contributing Code		<sup>25</sup> 1	25	AC Test Re isp. Alcoho		Susp. Drug: 1 32	10 <sup>13</sup>
<u>.                                    </u>	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	) <sup>26</sup>		To	wed from s	cene?	1 33	8
<b>1</b>	**************************************	ator and all occupants invol		DORA	34 Seat	Safety Ai	36 37 rbag Eject	38 39 Trap Injur Code Statu	y Transp.	Medical Facility	7
	Name (Last First Middle)  Operator		Above	DOB/Age	Sex Pos.	System St	atus Code	Code Statu	s Code	Winchester Hospital	1
		28 DUNTON RD	Above		_				+	Lahey Clinic	-
	ANGELINA DAMELIO	WILMINGTON, MA 018	987	12/31/1984 E	6	1 4	0	0 9	2		4
<b>1</b>	Please Select One of the Following:	#Occupants Non-M	Iotorist A Type	15 Action	Location	on 1	Condit	ion 18		Hit/Run Moped	
		DOB/Age	Reg #	<i></i>			Reg Type		R		
	Sex Lic. Class 19 19 Lic. R Operator		orsement	/ear er		ike			Veh	Config. 21	
³ <b>1</b>	Last	First 1	Middle	Las	1		First		М	iddle	ŀ
	City State	7 in				2.00	Sta	te	7.in		1 14
				le Action Prior to C	Î	22	1	amaged Are		The second second second	-
	Insurance Company		- Greenward	Sequence 23	Decision and Decision	23 2	] 3 Te	st Status:		28	
	Vehicle Travel Direction: NSEW	Responding to Emerger		Sequence	24		Ty	pe of Test:		29	
2	Citation # (If Issued)	=		Harmful Event		25	25	AC Test Re		30	
	Viol, 1: Ch/Sec/Sub ———			r Contributing Code	26		Su	sp. Alcohol	A	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by				wed from s		33	
	Please fill out for operator/nor	5	ts involved	DOB/Age	Sex Pos.	Safety Ai	36 37 rbag Eject atus Code	38 39 Trap Injur Code Statu		Medical Facility	
	Operator/Non-Motorist		Above		1						
	F										1
					+						-



Reporting party called 911 to report a single motor vehicle crash that occurred in the vicinity of 10 Bridge Ln. Caller stated the MV was traveling NB on Carter Ln when the vehicle flew through the stop sign located at the four way intersection of Carter Ln, Shawsheen Ave and Bridge Ln. The reporting party advised dispatch that the MV continued through the intersection onto Bridge Ln and proceeded to crash into the woods at the end of the street. The operator of the MV and the passenger were identified and transported to Lahey Hospital and Winchester Hospital for possible injuries. The MV crashed into a large rock approximately 25-30 feet into the woods which resulted in front end damage to the vehicle. Cains towing was notified and removed the vehicle. A tow inventory was completed per department policy.

Witnesses:								
Name (Last,First,Middle)		Address			Pho	ne#		Statement
								1
Property Damage:								
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	n of Damage	ed Property	
			,					
Truck and Bus Information:  Carrier Name	Registration #		(From Vel	hicle Section)			Bus Use	42
Address			City			. St	Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:			<del></del>
Interstate 43 Cargo Body Typ	pe Code	GVWR/GCWR	45			46		
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Trai	iler Length			
Hazmat Information:							a	
Placard 47 Material 1 digit #	48 Material Name	e		Material 4 dig	git #		—Release code	49

Patrol Officer Meghan Sousa

214

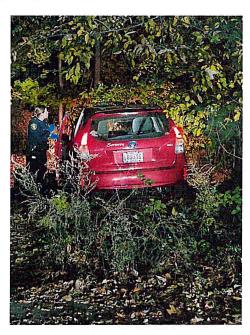
Wilmington Police Department

11/09/2021

Department

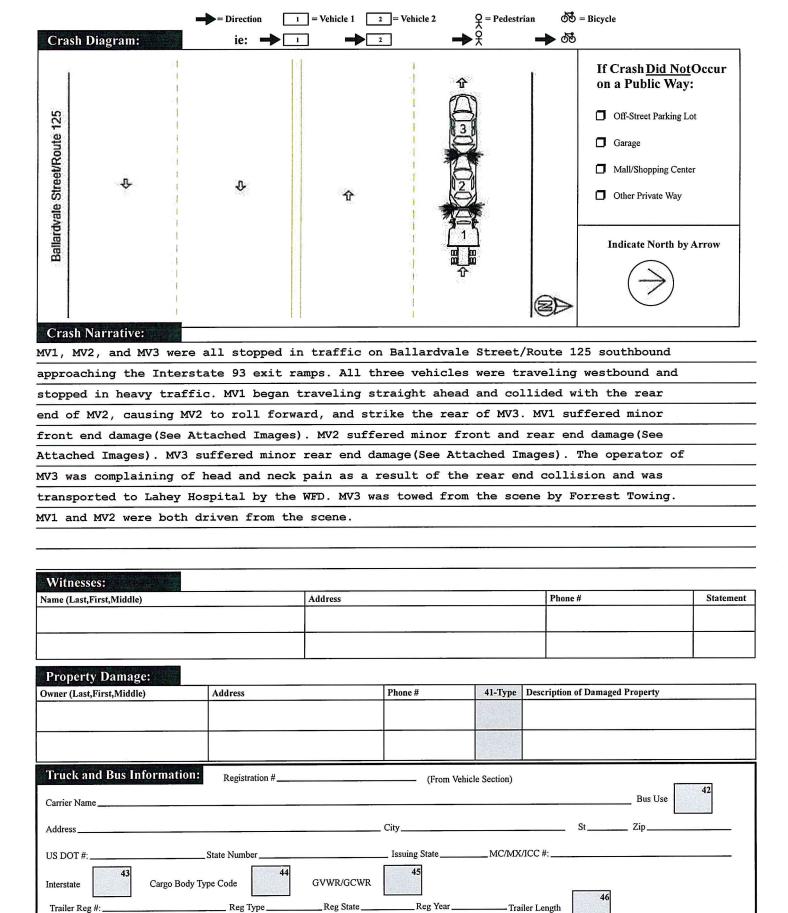
## Wilmington Police Department Images Associated with 21-303-AC





	Police Use Only	Commo	nwealth (	of Massa	chus	etts		R	MV Doc	ument Number	
	THE SECOND SECON	City/Town N	<b>Iotor Veh</b>	icle Cras	$h \begin{bmatrix} N \\ V \end{bmatrix}$		7 1	Speed Li	mit3!	5 State Police Local Police	8
	11/10/2021 1716 Wilm:	ington	Police 1	Report	3	1	-	Latitude_ Longitude	e	MBTA Police Campus Police Other:	100
	AT INTERSECTION	ON:	< LOCA			N				TION:	
											<b>2</b> 10
		00 1 00			_ 1		ROUT	E 12			_[]
<sup>1</sup> 4	Route# Direction	Name of Roadway/Street At		Route# Direction	on Add	ress#		Name	of Roady	way/Street	
-		• • <u>•</u>		Feet N	N S E W	of —			or .		_
	Route# Direction Name	of Intersecting Roadway/S	treet			1	Mile Ma	rker		Exit Number	2 11
	}	Also at Intersection with		_	N S E W	R	oute#	Inte	ersecting	Roadway/Street	- [
<sup>2</sup> <b>1</b>	Route# Direction Name	of Intersecting Roadway/S	treet	Feet N	N S E W	of				•	
1	The state of the s	I							Landmar	k	_
3	Please Select One of the Following:	Occupants Hit/Run	Moped Moped	Crash Re	port ID#	21-	304	4 – A	C		
		DOB/Age	n	V84779			D T	CO	n	C+ MA	
	10 10	20								_ 21	1 12
		strictions CDL_ Endors	ement	Tear 2019						Config. 6	_
4		irst Mid	dle	Las	st		First		M	CTION IN	<u>c</u>
<sup>4</sup> 1	Address 30-32 BAY VIEW			ess 30 32 I	BAYVI	EW A		APT			-
	City <b>LYNN</b> State <b>1</b>	MA Zip 01902-0	000 City	LYNN						1902-000	I
	Insurance Company ARBELLA PRO	OTECTION INS	SURA Vehic	le Action Prior to C	Crash	1 22		ımaged A	rea Code:	AND DESCRIPTION OF STREET	27
5	Vehicle Travel Direction: N S E	Responding to Emergency	/?_2 Event	Sequence 1 23	3 23	23 23		st Status:		28	
3	Citation # (If Issued)	r	Most	Harmful Event	1000000			pe of Test		30	
	Viol. 1: Ch/Sec/Sub ————Viol	ol. 2: Ch/Sec/Sub ———	Drive	r Contributing Code	e 5	<sup>25</sup> 19	25	AC Test R sp. Alcoh			<b>1</b> 13
	Viol. 3: Ch/Sec/Sub —————Vio			r Distracted by	99 26	CONT. DANSON		wed from	5000	2 33	
<sup>6</sup> 1		r and all occupants involve			34	35 3	6 37		9 40	<u> </u>	-
	Name (Last First Middle)	Addre		DOB/Age	Sex Pos.	Safety Air System Sta	bag Eject itus Code	Trap Inj Code Sta	ury Transp. tus Code	Medical Facility	_
	Operator	See Ab	oove	$\sim$	$X \mid 1$	1 4	0	0 10	1		
							-				$\dashv$
			- Control	NAME OF THE PARTY	200						_
<sup>7</sup> 1	Please Select One of the Following: Wehicle 21 #	Occupants Non-Mot	orist A Type	Action 1	Locatio	on 1	7 Conditi	ion		Hit/Run 🔲 Mop	ed
	License # <b>SA7670667</b> St <b>MA</b>	_ DOB/Age_	Reg #	1SYP49	2015		Reg Type	PC	R	eg State <b>MA</b>	-1
		20	-	ear 2015	Vol. M		5 65			Config. 1	T
	D	trictions B CDL_ Endors	ement					<u></u>	ven	Coning.	1
<sup>8</sup> 2	Operator WONG, KATHERIN	rst Mide	dle	er WONG, K	st		First	G	Mi	iddle	-
_	Address 196 SPRING ST	20155.0	M Holler Will	ss 196 SPI	KING	ST				2455 2054	14
		<u>(A</u> Zip 02155-2	-	MEDFORD		12				2155-2853	- 1 1
	Insurance Company PROGRESSIVE	E DIRECT INS	SURA Vehic	le Action Prior to C	, ,	2 22	<b>.</b>	maged Ai	rea Code:	1 27 5 27 2' 28	1
	Vehicle Travel Direction: N S E	Responding to Emergency	? 2 Event	Sequence 1 23	1 23	23 23		st Status: pe of Test		29	1
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	1 24			C Test R		30	
2	Viol. 1: Ch/Sec/Sub ———— Vio	ol. 2; Ch/Sec/Sub ———	Drive	r Contributing Code	e <b>1</b>	25	25	sp. Alcoh		Susp. Drug: 2 32	2
	Viol. 3: Ch/Sec/Sub ————Vio		r Distracted by	99 <sup>26</sup>			wed from	4007401496	2 33	<b>-</b>	
	Please fill out for operator/non-n		nvolved		34 Seat		bag Eject	Trap Inj	9 40 ury Transp.	20 35 300 Secreta - Care	7
ë	Name (Last First Middle)	Addre	0.00	DOB/Age	Sex Pos.	System Sta	tus Code	Code Sta	tus Code	Medical Facility	-
	Operator/Non-Motorist	See Ab	ove		X 1	1 4	0	0 10	) 1		
											, 10

Date of Crash 11/10/2021	And there are seen throughly the			·		of Mass				1825/4216		V Docu		STATE OF STA
	1716		City/Town			icle Cra	ish	Number Vehicles		d Open	d Limit	35	MBTA Police	e 🗖
	24HR					Report		3	1	Lon	gitude _		Campus Pol Other:	ice 🛄
	AT INTER	SECTIO	N:	<	LOCA	TION	>		NOT	AT IN	TER	SEC	TION:	
Route# Dire	ection	1	Name of Roa	dway/Street		Route# Dire	ction	<b>1</b> Address #	RO	JTE			<b>Y</b> ray/Street	
			A	At			N ola	العدا -						
Route# Dire	ection	Name	of Intersectin	g Roadway/Street		Feet	NSE	of w		 Marker	• –	or _	Exit Numl	ber
Routen Dire	- Citon		Also at Inters		•	Feet	N S E	w of						
					0	Feet	N S E	w of	Route#		Inters	ecting R	Roadway/Stree	et
Route# Dire	ection	Name	of Intersection	g Roadway/Street	t						La	ndmark		
Please Select	One Vahiel	. 31 #	Occupants	Hit/Run	Moped	Crach	Danart II	D# <b>21</b>	-3	<u> </u>				
of the Follow	mg													
License # <u>\$5</u>	2654048	_	_ DOB/Age		Reg	# 4MSD80			Reg	ype <b>P</b> (	<u> </u>	Re	eg State MA	21
Sex <b>F</b> Lic.	Class D	Lic. Res	trictions	CDLEndorseme	Veh	Year <b>2014</b>	Ve	h Make <u>1</u>	IISS	7N		Veh	Config. 1	21
Operator <u>TA</u>	YLOR-NI	CE, Y	VETTE		Own	er TAYLOE	N-NI	CE, Y	VET'	CE I		N.C.	ddle	
Address 13	ESSEX S	T AP	T 1	Middle	Addı	ess 13 ES	SEX	ST	APT	1		Mic	uule	
City <b>DANV</b>	ERS	State <b>N</b>	1A Zip 0	1923-001	.0 City.	DANVERS				State M	<b>[A</b> 2	Zip <b>01</b>	1923-0	010
	pany ARBEL]		-			cle Action Prior to		2	22	Damag				
				to Emergency? 2		t Sequence	23 2		23	Test St	atus:	Ī	28	
Vehicle Travel I			Responding	to Emergency / E				24		Type o	f Test:		29	
•	sued)					Harmful Event	10000	0.5	25		est Resi		30	
Viol. 1: Ch/Sec/	/Sub	——— Vio	ol. 2: Ch/Sec/	/Sub	Drive	er Contributing C	broom weeks	- Highlight	23		dcohol:		Susp. Drug:	2 32
Viol. 3: Ch/Sec/	/Sub	Vic	ol. 4: Ch/Sec/	/Sub	Drive	er Distracted by	99	26			from sc	Ľ	3 33	
Name (Last First N		for operator	and all occu	pants involved		DOB/Age		34 35 Seat Safety Pos. System	Airbag I	37 38 ject Trap ode Cod	39 Injury Status	40 Transp. Code	Medical Fac	eility
Operat				See Above		DOBINGE	1	1 1	4 0	0	8		Lahey Clini	
							4	-		_	+			-
							1							
							1 1							
		· · · · · · · · · · · · · · · · · · ·					$\Box$		74					
Please Select of the Followi		e 4#	Occupants [	Non-Motoris	t A Type	15 Action	16 Lo	cation	17 Co	ndition	18	D F	Iit/Run	Moped
of the Followi	ng: Venicie		Occupants [			15 Action	Lo		Co			l I		
of the Followi	ing: Venicio		_ DOB/Age	20 CDL	Reg :	Action	Lo		Reg 7	уре		Re	eg State	Moped 21
of the Followi License # Sex Lic.	Class 19 1	St 9 Lic. Resi	_ DOB/Age	CDL_Endorsemen	Reg i	Action 4	Lo Ve		Co Reg T	уре		Re Veh	eg State	
of the Followi License # Sex Lic. Operator	ing: Venicio	St	_ DOB/Age	20 CDL	Reg a	Action	Lo		Reg 7	уре		Re	eg State	
of the Followi License # Sex Lic. Operator	Class 19 1	St9 Lic. Rest	_ DOB/Age trictions	CDL_ Endorsemen	Reg :  Veh '  Own  Addr	Action 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Lost Last		Reg T	ype		Re Veh	eg State	
of the Followi License # Sex Lic. Operator Address City	Class 19 1	StStState	_ DOB/Age trictions	CDL_ Endorsemen	Reg :  Veh \ Own Addr	Action Year Year Year Year Year Year Year Year	Ve		Reg T	Type	2	Re Veh	eg State	
of the Followi License # Sex Lic. Operator Address City Insurance Comp	Class 19 1  Last	StStState	_ DOB/Age trictions  zip	CDL_Endorsemen	Reg i  Neh  Neh  Own  Addr  City.  Vehic	Yearerscle Action Prior to	Ve Last	h Make	Co Reg 7	ype	Z	Re Veh	eg State	21
of the Followi License # Sex Lic. Operator Address City Insurance Comp	Class 19 1	StStState	_ DOB/Age trictions  zip	CDL_ Endorsemen	Reg i  Neh  Neh  Own  Addr  City.  Vehic	Action Year Year Year Year Year Year Year Year	Ve Last	h Make	Reg T	ype State	Z ed Area atus:	Re Veh	eg StateConfig	21
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of the Following License #  Sex Lic.  Operator  Address  City  Insurance Compute Travel I Citation # (If Issued)  Viol. 1: Ch/Sec/	Class 19 1  Last Dany Direction: N S	StStStateVic	DOB/Age trictions  Zip  Responding	CDL_Endorsemer  Middle  to Emergency?	Reg i  Neh '  Neh '  Addr  City  Vehic  Even  Most	Yearerset Action Prior to t Sequence	Vei Last  O Crash  23 2:	h Make	Reg 1	State Damag Test State Type of BAC T Susp. A	Zed Area atus: FTest:	Re Veh	27 27 28 29 30	21
Sex Lic.  Operator Address City Insurance Compy Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/Viol. 3: Ch/Sec/Pl	Class 19 1  Class N S  Direction: N S  sued)  //Sub  ease fill out for ope	St  State  VicVic  Vic  State  Vic  Vic	DOB/Age DOB/Age trictions  Zip  Responding  bl. 2: Ch/Sec/	CDL_Endorsemer  Middle  to Emergency?  (Sub  (Sub)  Il occupants invol	Reg i  Neh '  Neh '  Addr  City .  Vehic  Even  Most  Drive	Year	Vei Last  O Crash  23 2:	h Make	Co Reg 7 First  22 23 25	State Damag Test State Type of BAC T Susp. A Towed	2 ed Area atus: F Test: est Resulcohol: ffrom sc	Re Veh	27 27 28 29 30 Susp. Drug:	27
of the Followi License # Sex Lic. Operator Address City Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Pl Name (Last First M	Class 19 1  Last Direction: N S sued)	StStStateVic_erator/non-m	DOB/Age DOB/Age trictions  Zip  Responding  bl. 2: Ch/Sec/	CDL_Endorsement  Middle  to Emergency?  (Sub  (Sub  Address	Reg i  nt Own Addr  City Vehic Even Most Drive	Yearerserset Sequencet Harmful Event er Contributing C	Vei Last  O Crash  23 2:  Sex	h Make	Co Reg 7 First  22 23 25	State Damag Test Str Type or BAC T Susp. A Towed	2 ed Area atus: F Test: est Resulcohol: ffrom sc	Re Veh	cg StateConfig	27
of the Followi License #  Sex Lic. Operator  Address City Insurance Comp Vehicle Travel I Citation # (If Is: Viol. 1: Ch/Sec/ Viol. 3: Ch/Sec/ Pl. Name (Last First M.)	Class 19 1  Class N S  Direction: N S  sued)  //Sub  ease fill out for ope	StStStateVic_erator/non-m	DOB/Age DOB/Age trictions  Zip  Responding  bl. 2: Ch/Sec/	CDL_Endorsemer  Middle  to Emergency?  (Sub  (Sub)  Il occupants invol	Reg i  nt Own Addr  City Vehic Even Most Drive	Year	Vei Last  O Crash  23 2:  Sex	h Make	Co Reg 7 First  22 23 25	State Damag Test State Type of BAC T Susp. A Towed	2 ed Area atus: F Test: est Resulcohol: ffrom sc	Re Veh	27 27 28 29 30 Susp. Drug:	27
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Patrol Officer Michael A Wilson

Material 1 digit #

209

Wilmington Police Department

\_\_\_\_\_\_Material 4 digit #\_\_\_\_\_\_Release code

Department

11/10/2021

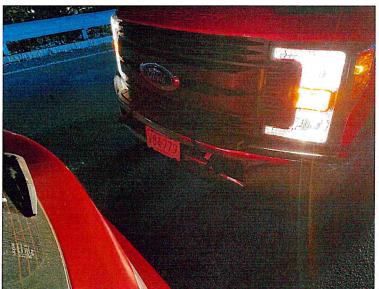
**Hazmat Information:** 

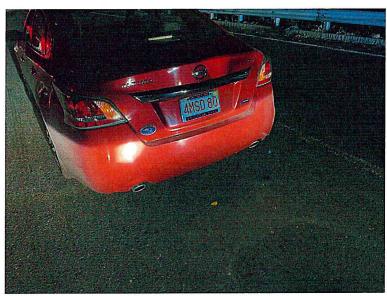
Placard

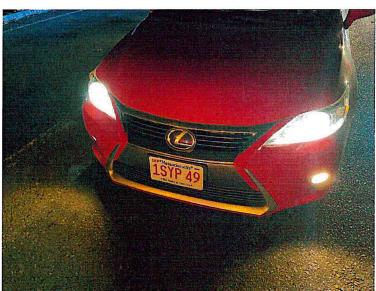
Material Name \_\_\_

## Wilmington Police Department Images Associated with 21-304-AC









	Police Use Only	Commony	wealth	of Massac	husett	ts	RM	V Docum	ient Number	
	Se distribution de	City/Town Moington	tor Veh	icle Crash	Numb Vehicl		Speed Limit	25	State Police Local Police MBTA Police Campus Police	
	24HR	ingcon	Police :	Report	1	0	Latitude Longitude		Campus Police D	
	AT INTERSECTION	ON: <	LOCA	TION >		NOT A	T INTER	SECT	ION:	
				4 11 21 44	22	m	CHON	70 7 7 7 7 7		2 10
	Route# Direction	Name of Roadway/Street		Route# Direction	Address		Name of	Roadway	//Street	
<sup>1</sup> 4		At		East N	S E W of		_ • _			
	Route# Direction Name	of Intersecting Roadway/Street	:	reet [11]	5 E W 01	Mile M		or	Exit Number	11
		Also at Intersection with		Feet N	S E W of	Route#	Intere	ecting Ro	adway/Street	1
<sup>2</sup> 2	Route# Direction Name	of Intersecting Roadway/Street		Feet N	S E W of	Route	Hiters	cetting Ro	adway/5iicci	
_2	Route# Direction Name	of intersecting Roadway/Street				***************************************	La	ındmark		1
3	Please Select One of the Following: Vehicle 1 #	Occupants Hit/Run	Moped Moped	Crash Repo	ort ID# <b>2</b> :	1-30	5-AC	3		
	License # <b>S50245448</b> St <b>MA</b>	DOB/Age.	_ Reg	# 2NVR81		Reg Typ	e PC	Reg	State MA	_ 12
	19 19	strictions 20 CDL	Veh	Year 2009				_	2.1	7 12
	Operator DAVIS, ANTHONY	Endorsemen W	nt Own	er DAVIS, A	NTHON	Y W				
<sup>4</sup> 1	Address 34 ALDERWOOD RD	irst Middle		ess 34 ALDE		First	4-3-1-2	Middl	e	
	City <b>WALTHAM</b> State <b>1</b>		5 City	WALTHAM		Sta	ite <b>MA</b> 2	Zip <b>02</b> 4	452-6375	l
	Insurance Company PROGRESSIVE	E DIRECT INSUE	RA Vehic	cle Action Prior to Cra	sh 1		amaged Area	_		
		Responding to Emergency? 2		t Sequence 26 23	23 23	23 T	est Status:		28	ł
5	Citation # (If Issued)			Harmful Event 2	Design Section		ype of Test:		30	l
	Viol. 1: Ch/Sec/Sub ————Vio	ol. 2: Ch/Sec/Sub ———	Drive	er Contributing Code	20 25	- 25	AC Test Resi usp. Alcohol:	TORS.	Susp. Drug: 32	<b>26</b> <sup>13</sup>
	Viol. 3: Ch/Sec/Sub ———— Vio			er Distracted by	26		owed from sc	MANAGER .	33	
<sup>6</sup> 1		r and all occupants involved		li de la constantina	34 35 Seat Safe	36 37 ty Airbag Eject	38 39 Trap Injury	40 Transp.	10000000	1
	Name (Last First Middle)	Address	-	DOB/Age Se	x Pos. Syst	em Status Code	Code Status	Code	Medical Facility	-
	Operator	See Above			1 1	4 0	0 10	1		-
			,						V	
<sup>7</sup> 1	Please Select One Vehicle 2 #	Occupants Non-Motorist	A Type	15 Action 16	Location	17 Condi	tion 18	Пна	t/Run Moped	1
1	of the Following:		70			D. T.		]	St. f.	1
	19 19	DOB/Age		∮ ∕ear				_	21	
		ctrictions CDLEndorsemen	nt		_ ven iviake_			ven Co	omig.	
<sup>8</sup> 1		irst Middle		erLast		First		Middle	:	
	Address State	7:-		ess		St-	ite 2	'in		<b>1</b> 14
		Zip		le Action Prior to Cra		Company of the Compan	amaged Area		27 27 27	
	Insurance Company  Vehicle Travel Direction: NSEW	Responding to Emergency?		t Sequence 23	23 23	23 Te	est Status:		28	
		Responding to Emergency?		Harmful Event	24	T	pe of Test:		29	
<sup>9</sup> 2	Citation # (If Issued) Viol. 1: Ch/Sec/Sub Vio	1.0 (2) (2) (3)		er Contributing Code	25	25	AC Test Resu	200	Susp Drug 32	
	and second of about admitted control in the			er Distracted by	26		usp. Alcohol: owed from sc	BENEVALE OF CO.	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub — Viol.  Please fill out for operator/non-n			2 Districted by	34 35	36 37	38 39	40	Dept. 1	1
	Name (Last First Middle)	Address	7 eves	DOB/Age Se			Trap Injury Code Status		Medical Facility	
	Operator/Non-Motorist	See Above		$\rightarrow$	1					

C 1 D:		= Vehicle 1 2	= Vehicle 2	关 = Pedesti Q	rian ⊘® → ♂	= Bicycle	
Ditch/wooded area/trees  Front ya front lawn/grass	ie: ➡▶ 1		Church rte.62	rst/		If Crash Did Non a Public W Off-Street Parkin Garage Mall/Shopping C Other Private Wa  Indicate North	ay: g Lot enter
			=1.0	J. S			
Crash Narrative:							
Oper./owner Of m/v#1	·						
town with the same st							
instead of Waltham. W	hile in Wilmingt	on followin	g (GPS) he t	urned o	nto Thur	ston av., whic	h
is a DEAD END st. He	ran out of roadw	ay and drov	e onto the f	ront ya	rd/lawn	of 23 Thurston	
av., drove into a dit	ch in a wooded a	rea and cra	shed into a	tree.(P	WJ/142)		
		,,,,,,,,					
						*	
						2	
					***		
Witnesses: Name (Last, First, Middle)		Address			Phone	#	Statement
Name (Last, First, Wilddie)		Address			1 none	7	Statement
		<del></del>		=			·
Property Damage: Owner (Last,First,Middle)	Address		Phone #	41-Type	Description	f Damaged Property	
	23 THURSTON AVE WIL	WINGMON WA 0199	1 Hone #	100000000000000000000000000000000000000	1		
TUMSAROCH PHYLLIS J	23 THURSTON AVE WIT	MINGTON MA 0188		97	FRONT	LAWN/GRASS	2000
Truck and Bus Informatio	n: Registration #		(From Vehic	cle Section)		r	
Carrier Name					5.50 · · · · · · · · · · · · · · · · · · ·	Bus Use	42
						L	
Address			City			St Zip	
US DOT #:	State Number		Issuing State	MC/MX	/ICC #:		
43	44	CLINE (CCUE	45				
	y Type Code	GVWR/GCWR			Ī	46	
Trailer Reg #:	Reg Type	Reg State	Reg Year	———Tra	iler Length		
Hazmat Information:							
Placard 47 Material 1 digi	t # Material Nam	ıe		Material 4 di	git #	Release code	49
Tracard I digi					***		
Patrol Officer Paul W	Jepson		142 Wil	lmingtor	n Police	Department 1	1/11/2021
Police Officer Name (Please Print)	Signature			rtment			ate

	Police Use Only Commonwealth of Massachusetts RMV Document Number										
	And a second control of the second control o		<b>Aotor Veh</b>	icle Cras	sh	Number Vehicles	Number Injured	Speed Limi	t35	State Police Local Police MBTA Police Campus Police	1
	11/12/2021 1517 Wilmi	ington	Police :	Report		2	1	Latitude Longitude_		MBTA Police Campus Police Other:	
	AT INTERSECTIO	N·	manual Santonian and a	TION >	e de la constante de la consta		NOT A	T INTER	SECT		7
	ATTIVERSEETTO	111	LOC				110111	THILL	tobe 1	10111	10
	62 W CHURCH ST	r									2
1 .	Route# Direction 1	Name of Roadway/Street		Route# Directi	on A	Address #	,	Name o	f Roadwa	y/Street	_
<sup>1</sup> 1		At		Feet	NSE	w of		_ • _	- or		
	Route# Direction ADAMS ST Name of	of Intersecting Roadway/S	Street				Mile M			Exit Number	2 11
	2	Also at Intersection with		Feet	N S E	w of			B	1 /0.	3
				Feet	N S E	w of	Route#	inters	secting Ko	oadway/Street	
<sup>2</sup> 3	Route# Direction Name of	of Intersecting Roadway/S	Street					L	andmark		-
_	Please Select One Vehicle 13 #	Occupants Hit/Run	Moped	Crash Re	enort IE	)# <b>21</b>	-30	6-A	7		1
3	of the Following: —										4
	License # <b>S46196651</b> St <b>MA</b>			# <u>87F510</u>					-	State MA 21	<b>1</b> 12
	Sex M Lic. Class D 19 19 Lic. Res	trictions CDL_	Veh `	Year <b>2014</b>	Vel	h Make <u>C</u>	HRYSI	LER	Veh C	Config. 1	
	Operator KOSTER, DEREK	J		er KOSTER	, DE	EREK	JOHN First		Midd	la.	
<sup>4</sup> 2	Address 8 KIERNAN AVE	rst Mi		ess 8 KIER	NAN	AVE	First		Midd	lic	
	City <b>WILMINGTON</b> State <b>M</b>	1A Zip 01887-3	3207 City	WILMINGT	'ON		St	ate MA	Zip <b>01</b>	887-3207	
	Insurance Company LM GENERAL			ele Action Prior to C	Crash	1	arrow !	amaged Are			
		Responding to Emergenc		t Sequence 2		Dec. 2000	23 T	est Status:		28	1
<sup>5</sup> 1		Responding to Emergence		r sequence 1		24	T	ype of Test:		29	
_	Citation # (If Issued)			L	_	25	25 B	AC Test Res	sult:	30	_ 13
	Viol. 1; Ch/Sec/Sub ———Vio	ol. 2: Ch/Sec/Sub ———	Drive	er Contributing Cod r	- David		23 S	usp. Alcohol	31	Susp. Drug: 32	1
<sup>6</sup> 2	Viol. 3: Ch/Sec/Sub — Vio	ol. 4: Ch/Sec/Sub ———	Drive	er Distracted by	0 2	2.6	Т	owed from s	cene? 1	33	
2	Please fill out for operator	and all occupants involve		DOB/Age	5	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)  Operator	See Al		DOB/Age		1 1	1 0	0 8	1	Medical Pacinty	1
	Орегию	8 KIERNAN AVE									-
	RACHEL BERNOTH	WILMINGTON, MA 0188	7-3207	09/14/1996	F 3	1	1 0	0 10	1		4
	ELLIOT KOSTER	8 KIERNAN AVE WILMINGTON, MA 0188	7	1	м 4	4	1 0	0 10	1		
	Please Select One X1 value 21 #0			15	16	d	17	. 18			1
<sup>7</sup> 2	of the Following: Vehicle 2.1 #0	Non-Mo	torist A Type	Action	Loc	cation	Condi	tion	H1	t/Run Moped	
	License # St.	DOB/Age	Reg #	3BRW51			Reg Тур	e <b>PC</b>	Reg	State MA	
	Sex Lic. Class D 19 Lic. Rest	trictions 20 CDL_		Year <b>2011</b>	Veh	ı Make <u>T</u>	OYOTA	<b>L</b>	Veh C	config. 21	
	Operato	Endor	Own	er DEAMBRO	SE,	MIC	HAEL	SLANE	1		
<sup>8</sup> 1	Address	rst Mic	ddle Addr	ess 51 ASH	ist <b>WOOI</b>	D AVI	First		Middl	le	
	CityState	. Zip	City	WILMINGT	ON		St:	ate MA	Zip <b>01</b> 8	887-4403	<b>4</b> 14
	Insurance Company THE COMMERC	•	-	ele Action Prior to C		1		amaged Area	_		
				t Sequence 1	-		23 T	est Status:		28	
		Responding to Emergence	21	r sequence 1	- 1	4	T	ype of Test:		29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event	<b>T</b>	25	B	AC Test Res	sult:	30	
_	Viol. 1: Ch/Sec/Sub ———Vio	ol. 2: Ch/Sec/Sub	Drive	er Contributing Cod	Box	A STATE OF LAND	S	usp. Alcohol	31	Susp. Drug: 32	
	Viol. 3: Ch/Sec/Sub ————Vio	ol. 4: Ch/Sec/Sub	Drive	er Distracted by	<u> </u>	2.6		owed from s		33	J
	Please fill out for operator/non-m	notorist and all occupants		DOB/Age	S	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injury Code Status	40 Transp. Code	Medical Facility	
	Name (Last First Middle)  Operator/Non-Motorist	See Al		Donage		1 1	2 0	0 10	1		1
	Operator/Ivon-Indiorist	Sce Ai			_				+		-
	1	1			- 1		I I	1 1			_

